

<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. RTS-0169
Applicant(s): Ward et al.			
Serial No. 09/676,436	Filing Date September 29, 2000	Examiner Karen A. Lacourciere	Group Art Unit 1635
Invention: ANTISENSE MODULATION OF MEKK4 EXPRESSION			
<p>I hereby certify that this _____ <u>Reply under 37 C.F.R. 1.111</u> _____ (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9307</u> )</p> <p>on <u>September 5, 2003</u> (Date)</p> <p style="text-align: right;">_____ Jane Massey Licata (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: right;">_____ <i>Jane Massey Licata</i> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p>			

**FACSIMILE COVER SHEET**

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September 5, 2003

**GROUP: 1635**

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**MESSAGE:** Attached is an Amendment Transmittal Letter (in duplicate) and  
Amendment in Response to Office Action dated July 7, 2003.

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\* \* \* \* \*

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>RTS-0169</b>	
Applicant(s): <b>Ward et al.</b>					
Serial No. <b>09/676,436</b>	Filing Date <b>September 29, 2000</b>	Examiner <b>Karen A. Lacourciere</b>		Group Art Unit <b>1635</b>	
Invention: <b>ANTISENSE MODULATION OF MEKK4 EXPRESSION</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b></p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
<p><i>Jane Massey Licata</i> _____ Signature</p>			<p>Dated: <b>September 5, 2003</b></p>		
<p><b>Jane Massey Licata</b> Reg. No. 32,257 Licata &amp; Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454</p>			<p><b>RECEIVED</b> <b>CENTRAL FAX CENTER</b>  <b>SEP 05 2003</b></p> <p style="font-size: 2em; opacity: 0.5;"><b>OFFICIAL</b></p>		
CC:			<p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>_____ Signature of Person Mailing Correspondence</p> <p>_____ Typed or Printed Name of Person Mailing Correspondence</p>		